STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
201 W. Preston Street • Baltimore, Maryland 21201
Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

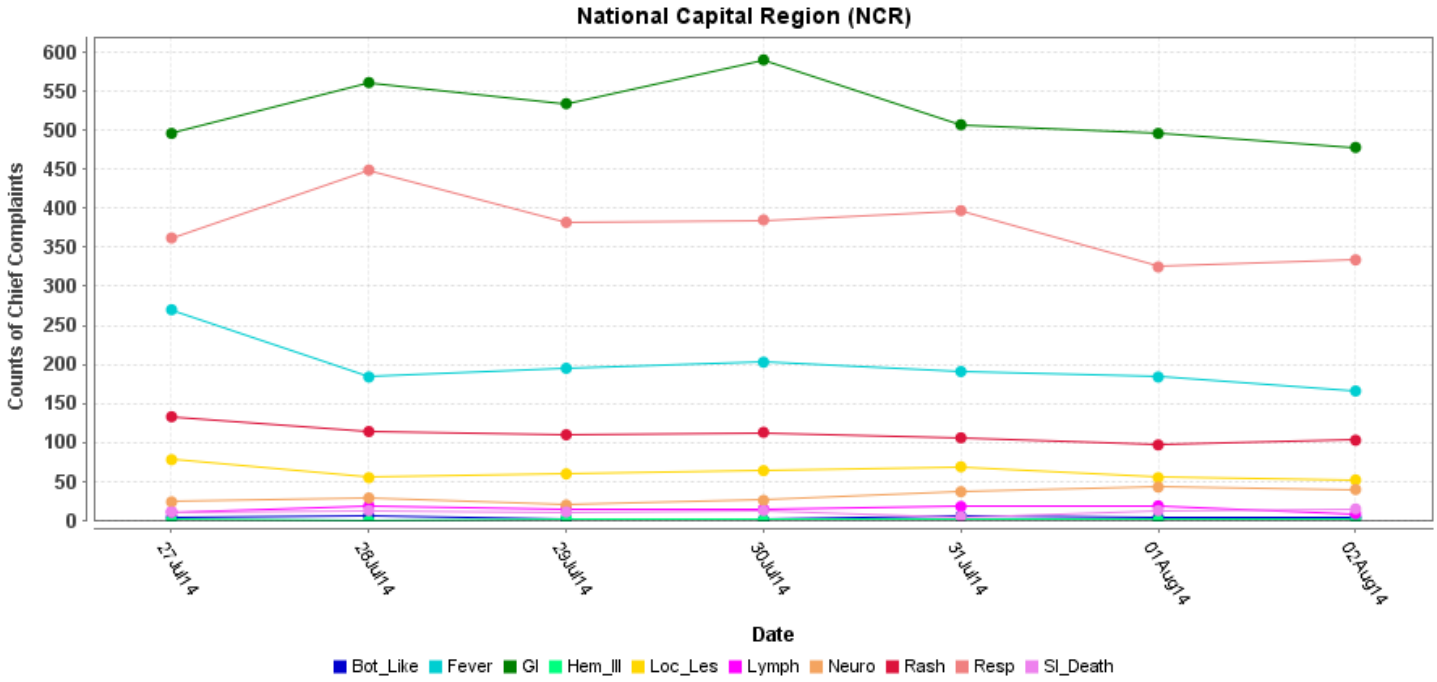
August 8, 2014

Public Health & Emergency Preparedness Bulletin: # 2014:31
Reporting for the week ending 08/02/14 (MMWR Week #31)

CURRENT HOMELAND SECURITY THREAT LEVELS

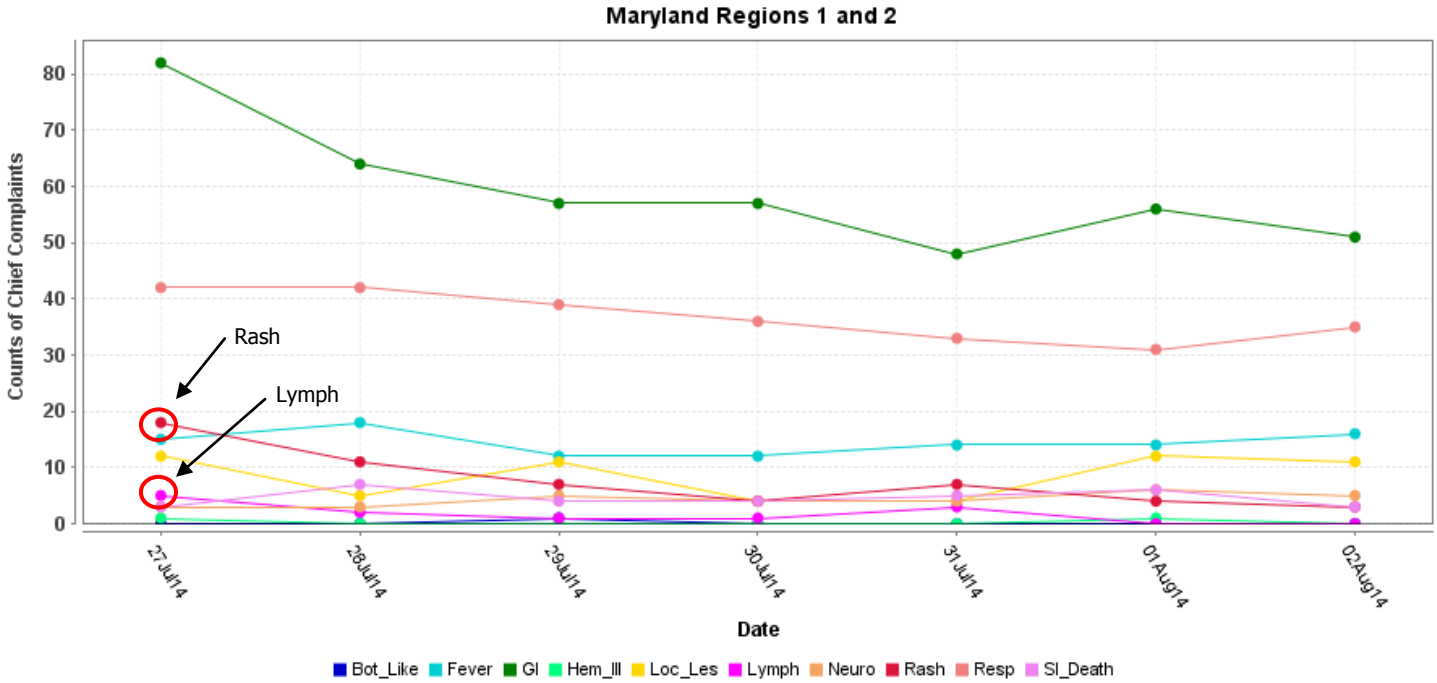
National: **No Active Alerts**
Maryland: **Level Four (MEMA status)**

SYNDROMIC SURVEILLANCE REPORTS
ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR uses syndrome categories consistent with CDC definitions.
Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

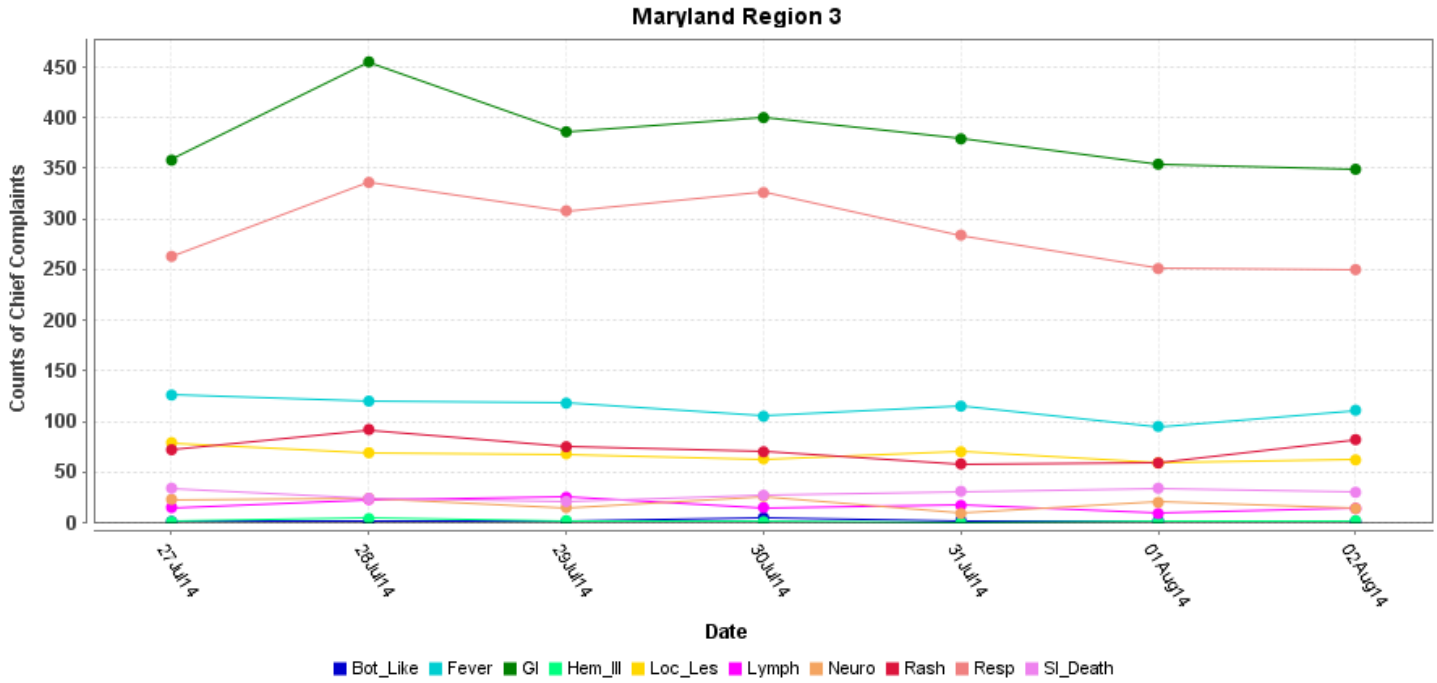


*Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

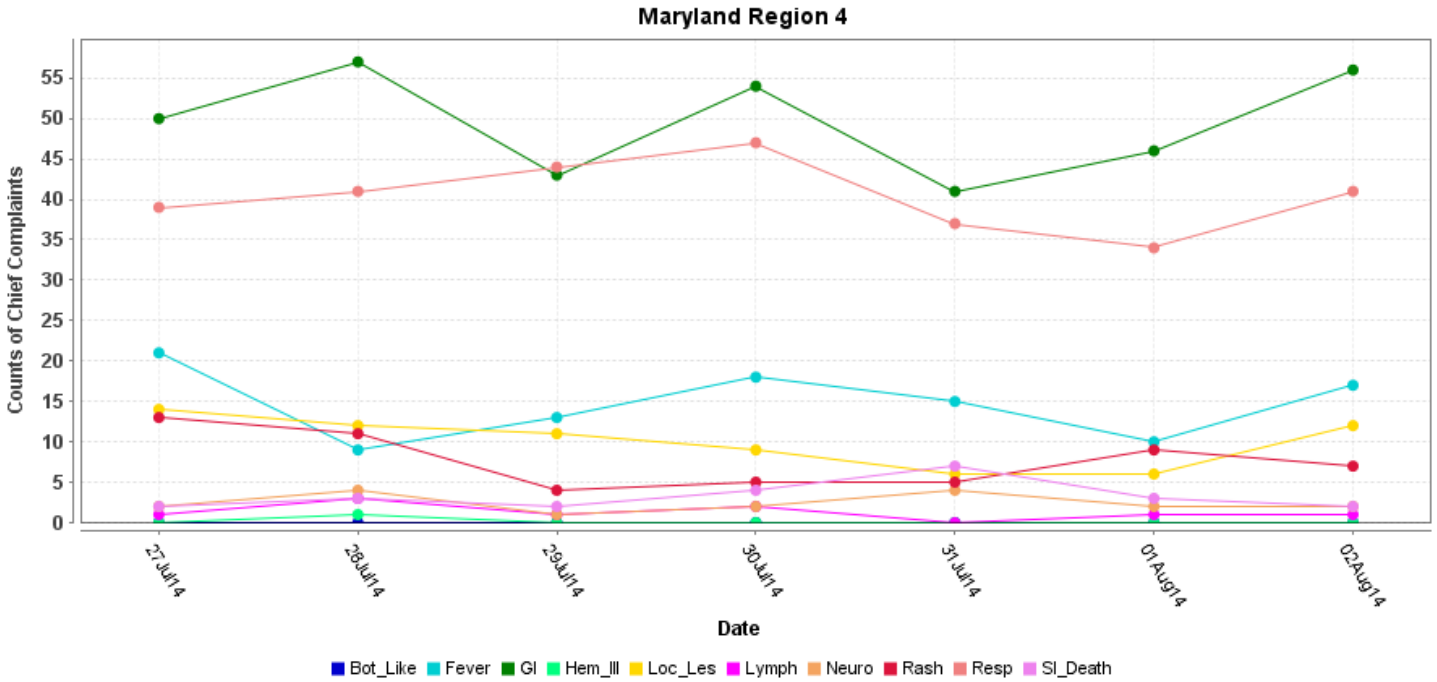
MARYLAND ESSENCE:



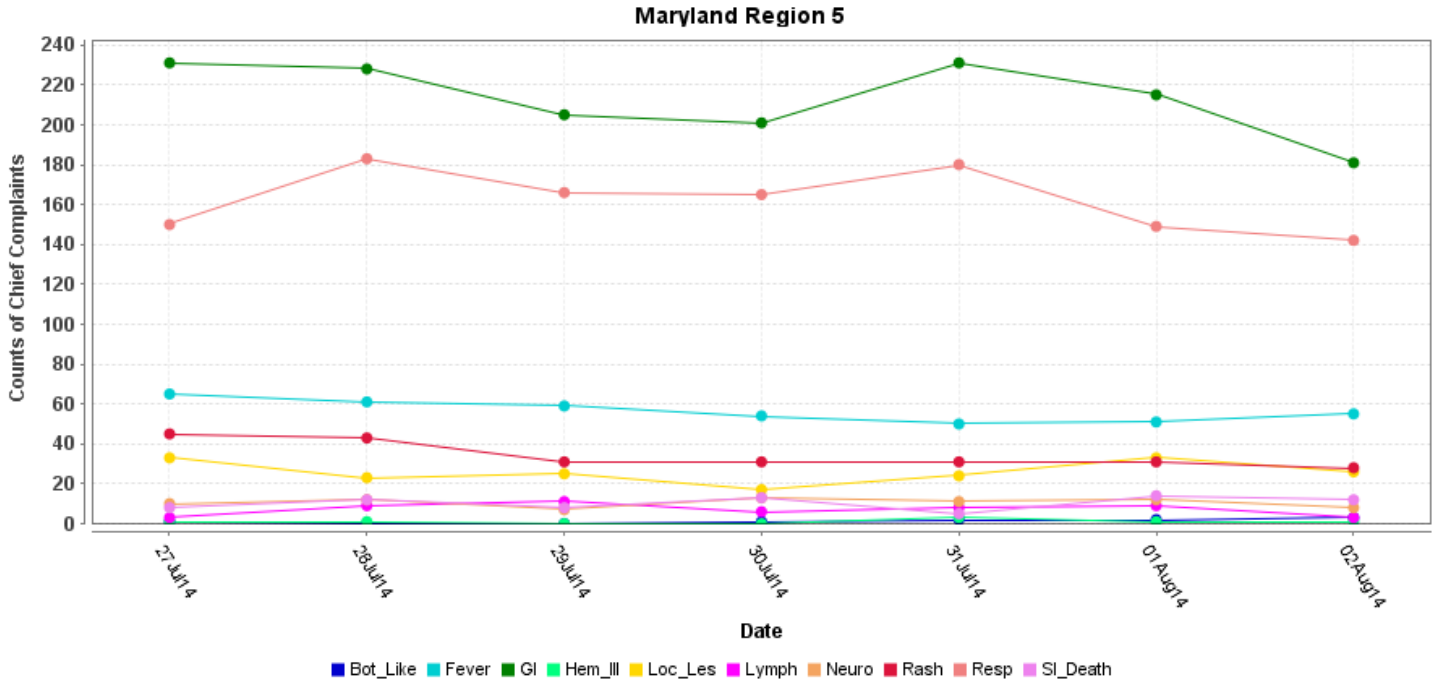
* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



* Region 3 includes EDs in Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE

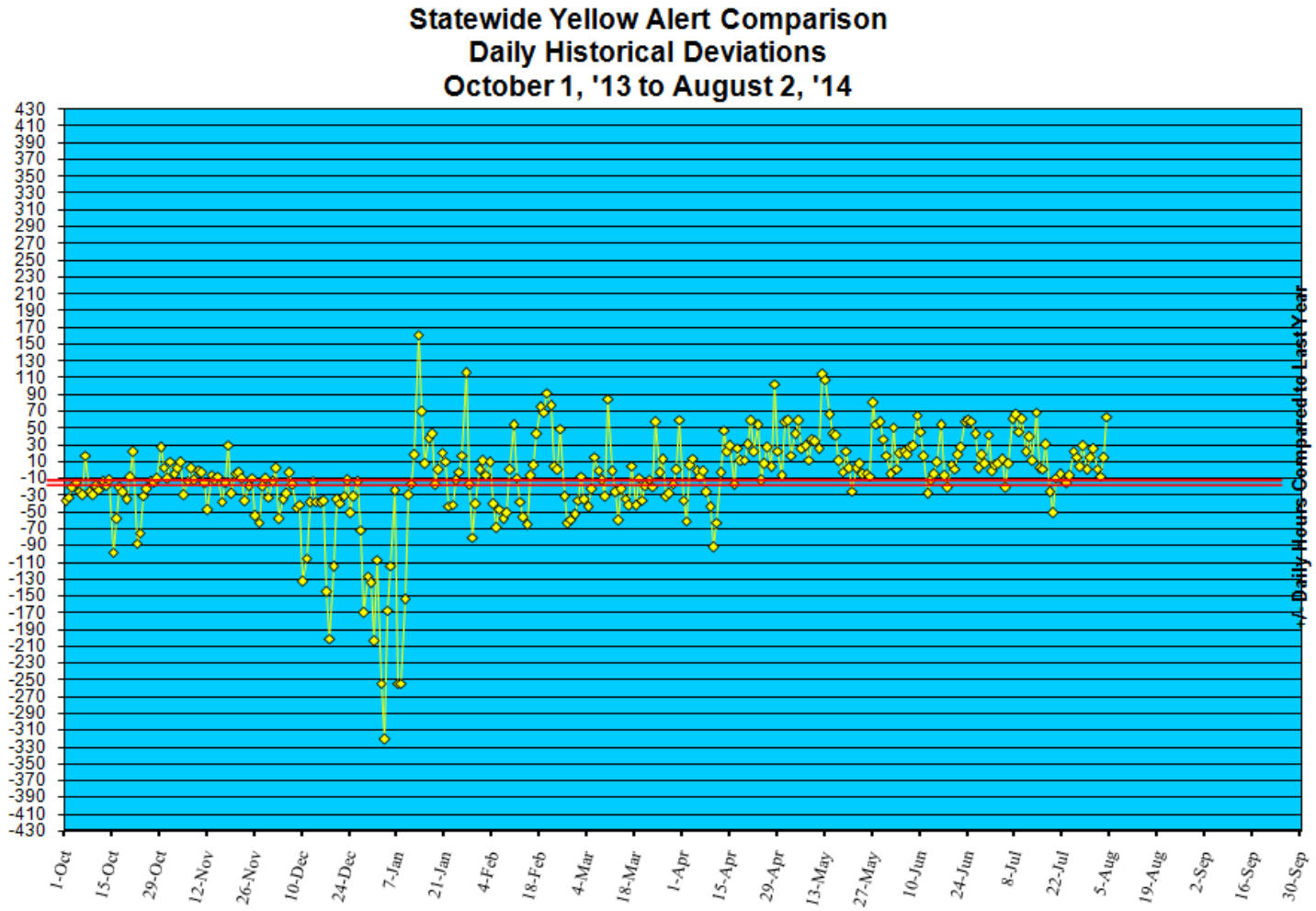


* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE



* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

REVIEW OF EMERGENCY DEPARTMENT UTILIZATION



YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/13.

REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to an emerging public health threat for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in July 2014 did not identify any cases of possible public health threats.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	**Aseptic**	**Meningococcal**
New cases (July 27 – August 2, 2014):	11	0
Prior week (July 20 - July 26, 2014):	3	0
Week#31, 2013 (July 28 – August 3, 2013):	16	0

1 outbreak was reported to DHMH during MMWR week 31 (July 27– August 2, 2014).

1 Other outbreak
1 outbreak of GROUP A STREPTOCOCCAL INFECTIONS in a Nursing Home.

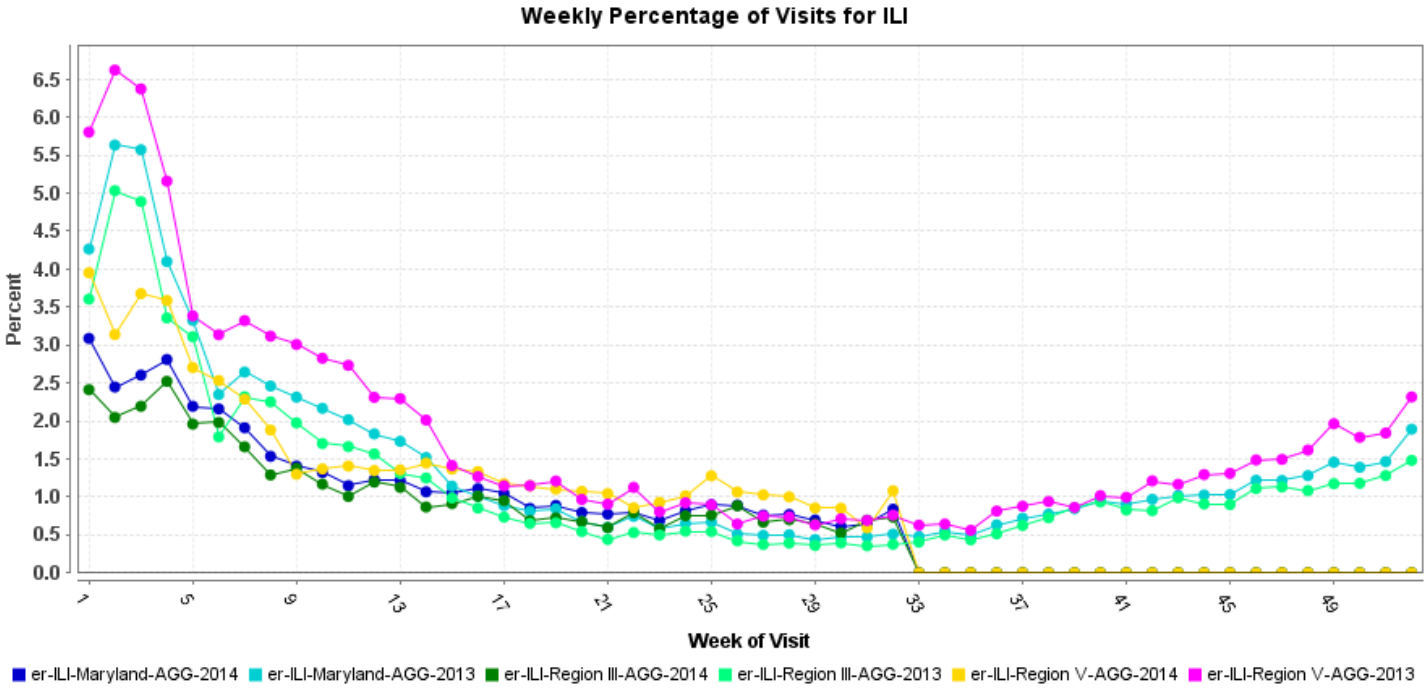
MARYLAND SEASONAL FLU STATUS

Seasonal Influenza reporting generally occurs October through May. The final reporting period for 2014 was MMWR Week 20.

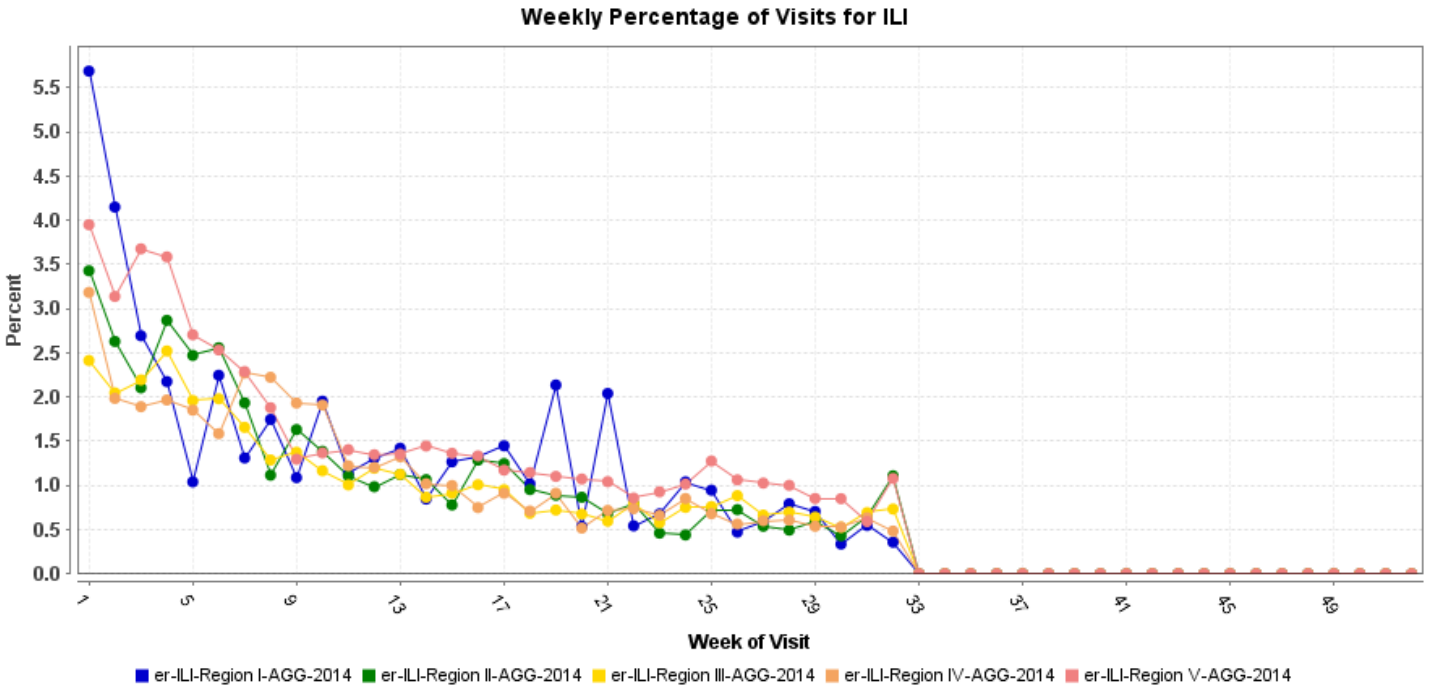
SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.



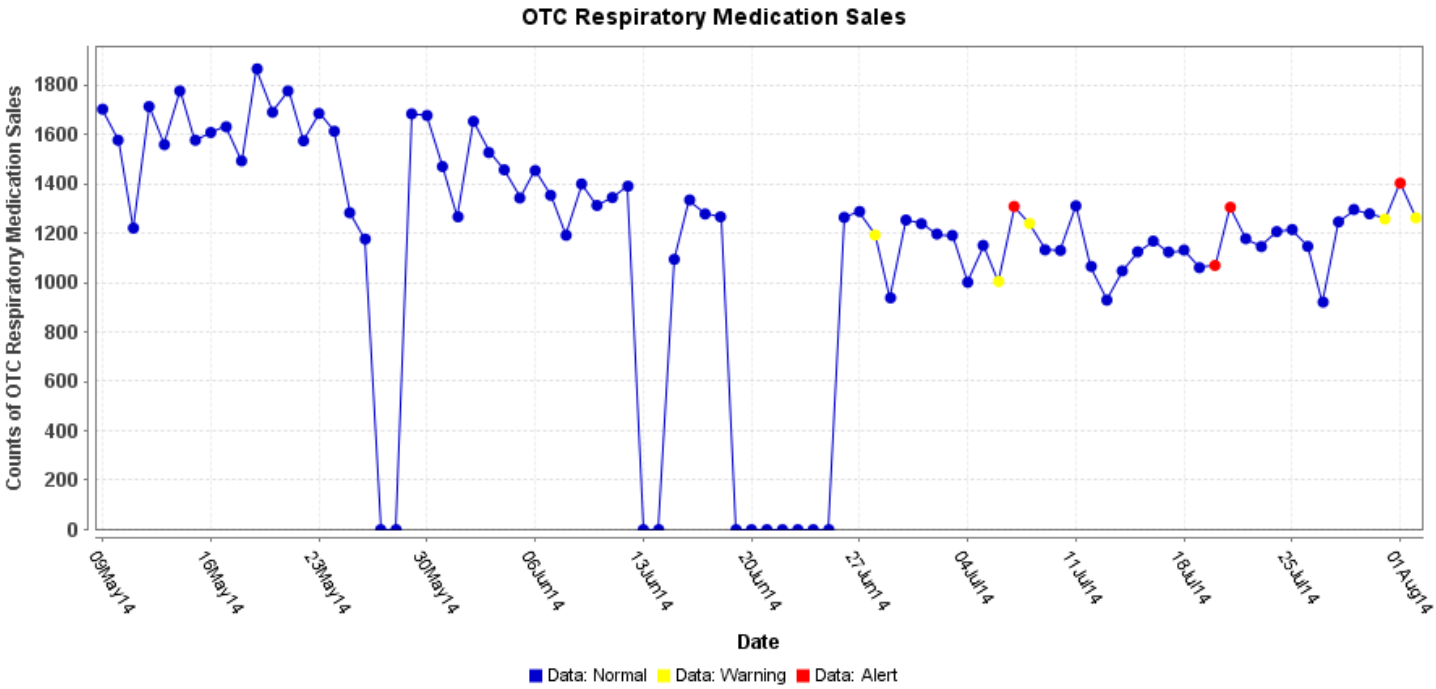
* Includes 2013 and 2014 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total



*Includes 2014 Maryland ED visits for ILI in Region 1, 2, 3, 4, and 5

OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. As yet, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national and global levels, are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of January 24, 2014, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 650, of which 386 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 59%.

NATIONAL DISEASE REPORTS*

BOTULISM (USA): 30 July 2014, California Department of Public Health (CDPH) Director Dr Ron Chapman and state health officer warned consumers today [30 Jul 2014] not to eat VR Green Farms jarred food products because they may have been improperly produced, making them susceptible to contamination with Clostridium botulinum. Ingestion of botulism toxin from improperly processed jarred and canned foods may lead to serious illness and death. CDPH is coordinating with the US Food and Drug Administration and the Ohio Department of Health in the investigation of 2 cases of suspected foodborne botulism infections that may be associated with consumption of the firm's Pine Nut Basil Pesto. VR Green Farms of San Clemente, California, is voluntarily recalling the following varieties of jarred food products: Pine Nut Basil Pesto, Pickled Farm Mix, Old World Tomato Sauce, Sundried Tomatoes in Olive Oil, Tuscan Grilling Sauce, and Pasta Sauce. These food products were sold under the VR Farms label and packaged in Mason-style glass jars with screw-on metal lids. The product labels do not include any coding or "use by" dates. The products were sold at the VR Green Farms stand in San Clemente, CA and via the Internet to consumers throughout the USA. Botulism toxin is odorless and colorless. Consumers who have any of these products or any foods made with these products should discard them immediately. Double bag the cans in plastic bags and place in a trash receptacle for non-recyclable trash. Wear gloves when handling these products or wash your hands with soap and running water. Botulism is a rare but serious paralytic illness caused by a nerve toxin that is produced by the bacterium Clostridium botulinum. The initial symptoms frequently experienced are double or blurred vision, drooping eyelids, and dry or sore throat. Progressive descending paralysis, usually symmetrical, may follow. Infants with botulism appear lethargic, feed poorly, are constipated, have a weak cry and poor muscle tone. CDPH recommends consumers experiencing any ill effects after consuming these products should consult their health care provider. Consumers that observe the product being offered for sale should report the activity to CDPH at (800) 495-3232. (Botulism is listed in Category A on the CDC List of Critical Biological Agents) *Suspected cases

VIBRIO VULNIFICUS (FLORIDA): 30 Jul 2014, New warnings issued [Mon 28 Jul 2014], surrounding a bacterium found in the ocean that has already killed several people in Florida. It is called Vibrio vulnificus, a cousin of the bacterium that causes cholera and it thrives in warm saltwater. "Since it is naturally found in warm marine waters, people with open wounds can be exposed to V. vulnificus through direct contact with seawater," the Florida Department of Health said in a statement. The Florida Department of Health reports 32 people have contracted the bacteria and 10 have died from the strain. In 2013, 41 people were infected and 11 died. Florida isn't the only state to report V. vulnificus infections. Alabama, Louisiana, Texas, and Mississippi have also recorded cases. Florida Department of Health experts said anyone with a compromised immune system or anyone with an open cut should not go into the water. Those who do jump into the ocean should wash off before heading home. "It's definitely something to take serious, but there are a number of other bacteria, that you could run into," said Tim O'Connor, a spokesperson for the Florida Department of Health. O'Connor said the state is closely monitoring the Vibrio bacteria. So far, he said the situation is not severe. "It's definitely something we need to be more wary of especially if it's going to affect us sooner than later, it needs to be known," said Brown. The deadly bacterium can also be contracted from consuming raw seafood like oysters. (Water safety threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect cases

INTERNATIONAL DISEASE REPORTS*

EBOLA (GUINEA, LIBERIA, SIERRA LEONE, NIGERIA): 30 Jul 2014, As of 30 Jul 2014, the cumulative number of cases attributed to EVD in the 4 countries stands at 1440 including 826 deaths. The distribution and classification of the cases are as follows:- Guinea, 472 cases (337 confirmed, 122 probable, and 12 suspected) including 346 deaths; Liberia, 391 cases (109 confirmed, 181 probable, and 101 suspected) including 227 deaths; Sierra Leone, 574 cases (507 confirmed, 41 probable, and 26 suspected) including 252 deaths; Nigeria, 3 cases (1 probable and 2 suspected) and 1 death. Between 28-30 Jul 2014, 55 new cases (laboratory-confirmed, probable, and suspect cases) of EVD, and 58 deaths, were reported from the 4 countries as follows: Guinea, 5 new cases [including] 3 deaths; Liberia, 31 new cases [including] 46 deaths; Sierra Leone, 17 new cases [including] 9 deaths; Nigeria, 2 new suspected cases which on 1st test were negative. The surge in the number of new EVD cases, especially in Liberia and Sierra Leone, calls for concentrated efforts by all to address the identified problems such as health facility transmission and effective contact tracing. More human resources experts are requested in these 2 countries to really tackle the progress of this outbreak. The situation in Guinea seems to be stable these 2 last days. In Nigeria, 2 suspected cases among the contacts followed up at the airport were tested negative in the 1st PCR test. Another test will be done 48 hours later to confirm the status. The contact tracing is continuing as well as communication activities. The total number of cases is subject to change due to ongoing reclassification, retrospective investigation and availability of laboratory results. Data reported in the Disease Outbreak News are based on official information reported by Ministries of Health. (Viral hemorrhagic fevers are listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect cases

E COLI (CANADA): 01 Aug 2014, An outbreak of E. coli O157 in Edmonton, Alberta is possibly linked to fresh bean sprouts from a local grower, according to a public health official. The Alberta Health Services issued a public warning on 1 Aug 2014 but did not name a grower, and no recall has been issued. As of 1 Aug 2014, officials had confirmed E. coli O157 cases in the Edmonton area in the previous 2 weeks, according to multiple media reports. Calls to the Alberta Health Services were not immediately returned. Dr. Christopher Sikora, lead medical officer for the Edmonton zone of the

Alberta Health Services, is quoted by newspaper and radio reports as saying 21 of the sick people reported eating fresh bean sprouts before becoming ill. Five of the people had to be hospitalized. "There is likely no ongoing risk to the public," Sikora told the Edmonton Journal newspaper. "There is a single Edmonton-based producer for sprouts, and we're still investigating at this point in time. We may or may not find out the reason for the contamination." The Canadian Press news service reported the Edmonton sprout grower supplies restaurants and grocery stores. The grower's operation was not shut down, according to the Calgary Herald and other media. Sikora is quoted by multiple media outlets as saying the outbreak is unusual because, during all of 2013, there were only 20 cases in the Edmonton region. The 1 Aug 2014 health advisory issued by Alberta Health Services encourages the public to thoroughly wash fresh fruits and vegetables and cook beef to 160 F [71 C] to reduce risks of E. coli infection. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect cases

ANTHRAX (ARGENTINA): 01 Aug 2014, On 4 Jul 2014, we were sent a sample for identification taken from a blood culture of a person who had died. The said patient came from a rural part of San Jeronimo del Sauce, Santa Fe [Province]. We ran all the usual tests (biochemical, innoculation, PCR) and demonstrated that it was a culture of Bacillus anthracis. The patient had presented with a fever, cutaneous anthrax affecting a middle finger, and axillary adenitis [swelling in the armpits], and died within 48 hours. A retrospective epidemiologic investigation found that there had been a number of acute bovine deaths thereabouts, and the patient had harvested hides from said animals in order to make a lasso. The veterinarians in this area report that the level of bovine vaccination against anthrax is somewhere between low and sporadic. (Anthrax is listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

National and International Disease Reports are retrieved from http://www.promedmail.org/.

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: http://preparedness.dhmh.maryland.gov/ or follow us on Facebook at www.facebook.com/MarylandOPR.

Maryland's Resident Influenza Tracking System: http://dhmh.maryland.gov/flusurvey

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NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

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Table: Text-based Syndrome Case Definitions and Associated Category A Conditions

Syndrome	Definition	Category A Condition
Botulism-like	ACUTE condition that may represent exposure to botulinum toxin ACUTE paralytic conditions consistent with botulism: cranial nerve VI (lateral rectus) palsy, ptosis, dilated pupils, decreased gag reflex, media rectus palsy. ACUTE descending motor paralysis (including muscles of respiration) ACUTE symptoms consistent with botulism: diplopia, dry mouth, dysphagia, difficulty focusing to a near point.	Botulism
Hemorrhagic Illness	SPECIFIC diagnosis of any virus that causes viral hemorrhagic fever (VHF): yellow fever, dengue, Rift Valley fever, Crimean-Congo HF, Kyasanur Forest disease, Omsk HF, Hantaan, Junin, Machupo, Lassa, Marburg, Ebola ACUTE condition with multiple organ involvement that may be consistent with exposure to any virus that causes VHF ACUTE blood abnormalities consistent with VHF: leukopenia, neutropenia, thrombocytopenia, decreased clotting factors, albuminuria	VHF
Lymphadenitis	ACUTE regional lymph node swelling and/ or infection (painful bubo- particularly in groin, axilla or neck)	Plague (Bubonic)
Localized Cutaneous Lesion	SPECIFIC diagnosis of localized cutaneous lesion/ ulcer consistent with cutaneous anthrax or tularemia ACUTE localized edema and/ or cutaneous lesion/ vesicle, ulcer, eschar that may be consistent with cutaneous anthrax or tularemia INCLUDES insect bites EXCLUDES any lesion disseminated over the body or generalized rash EXCLUDES diabetic ulcer and ulcer associated with peripheral vascular disease	Anthrax (cutaneous) Tularemia
Gastrointestinal	ACUTE infection of the upper and/ or lower gastrointestinal (GI) tract SPECIFIC diagnosis of acute GI distress such as Salmonella gastroenteritis ACUTE non-specific symptoms of GI distress such as nausea, vomiting, or diarrhea EXCLUDES any chronic conditions such as inflammatory bowel syndrome	Anthrax (gastrointestinal)

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents
(continued from previous page)

Syndrome	Definition	Category A Condition
Respiratory	ACUTE infection of the upper and/ or lower respiratory tract (from the oropharynx to the lungs, includes otitis media) SPECIFIC diagnosis of acute respiratory tract infection (RTI) such as pneumonia due to parainfluenza virus ACUTE non-specific diagnosis of RTI such as sinusitis, pharyngitis, laryngitis ACUTE non-specific symptoms of RTI such as cough, stridor, shortness of breath, throat pain EXCLUDES chronic conditions such as chronic bronchitis, asthma without acute exacerbation, chronic sinusitis, allergic conditions (Note: INCLUDE *acute exacerbation* of chronic illnesses.)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Neurological	ACUTE neurological infection of the central nervous system (CNS) SPECIFIC diagnosis of acute CNS infection such as pneumococcal meningitis, viral encephalitis ACUTE non-specific diagnosis of CNS infection such as meningitis not otherwise specified (NOS), encephalitis NOS, encephalopathy NOS ACUTE non-specific symptoms of CNS infection such as meningismus, delerium EXCLUDES any chronic, hereditary or degenerative conditions of the CNS such as obstructive hydrocephalus, Parkinson's, Alzheimer's	Not applicable
Rash	ACUTE condition that may present as consistent with smallpox (macules, papules, vesicles predominantly of face/arms/legs) SPECIFIC diagnosis of acute rash such as chicken pox in person > XX years of age (base age cut-off on data interpretation) or smallpox ACUTE non-specific diagnosis of rash compatible with infectious disease, such as viral exanthem EXCLUDES allergic or inflammatory skin conditions such as contact or seborrheaic dermatitis, rosacea EXCLUDES rash NOS, rash due to poison ivy, sunburn, and eczema	Smallpox
Specific Infection	ACUTE infection of known cause not covered in other syndrome groups, usually has more generalized symptoms (i.e., not just respiratory or gastrointestinal) INCLUDES septicemia from known bacteria INCLUDES other febrile illnesses such as scarlet fever	Not applicable

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents (continued from previous page)

Syndrome	Definition	Category A Condition
Fever	ACUTE potentially febrile illness of origin not specified INCLUDES fever and septicemia not otherwise specified INCLUDES unspecified viral illness even though unknown if fever is present EXCLUDE entry in this syndrome category if more specific diagnostic code is present allowing same patient visit to be categorized as respiratory, neurological or gastrointestinal illness syndrome	Not applicable
Severe Illness or Death potentially due to infectious disease	ACUTE onset of shock or coma from potentially infectious causes EXCLUDES shock from trauma INCLUDES SUDDEN death, death in emergency room, intrauterine deaths, fetal death, spontaneous abortion, and still births EXCLUDES induced fetal abortions, deaths of unknown cause, and unattended deaths	Not applicable